

# Fob Key Deposit

I \_\_\_\_\_, accept full responsibility for Fob key(s) \_\_\_\_\_

In the event I lose or damage my fob key I will be responsible to replace that key with a new one from the office and will need to pay a fob replacement fee of \$10.00. I understand that my fob key(s) will only allow me to enter the building during school operating hours and will record all my entry and exit times to the office computer system.

All Fob keys will be collected at the end of the school year and your \$10 Deposit(s) will be refunded to you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Check # and Deposit Amount

\_\_\_\_\_